

**REQUEST FOR EXPENDITURE
ROLLA REGIONAL CENTER**

CONSUMER NAME: _____ STATE ID #: _____

PLACEMENT FACILITY: _____

DATE OF REQUEST: _____

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_____ Expenditure of \$100.00 or more from consumer's personal funds at the home.

_____ Expenditure to be paid from consumer's NAFS account at RRC.

This is to request expenditure for the above consumer. Amount Requested: \$_____

Explanation: _____

Signature of person making request

ROLLA REGIONAL CENTER _____ AUTHORIZES/ _____ DENIES THE ABOVE EXPENDITURE:

Business Office Signature/Date

Supervisor Signature/Date

Service Coordinator Signature

ACDT Signature/Date

Remarks: _____

NOTE: THIS FORM IS VALID FOR (90) ninety days from date of authorized signature.

RRC-423

Revised 3/2005